

ISSUE STAPLE AREA (for additional cross references)

POSITION	INITIALS	IU NO.	DATE
FEE DETERMINATION	<i>W</i>		
O.P.E. CLASSIFIER	<i>W</i>	32	4/11
FORMALITY REVIEW	<i>W</i>	RC2	05-06-01
RESPONSE FORMALITY REVIEW	<i>W</i>	62	27-22-02

INDEX OF CLAIMS

✓ _____ Rejected
 = _____ Allowed
 - (Through numeral) _____ Canceled
 + _____ Restricted
 B _____ Non-elected
 I _____ Interference
 A _____ Appeal
 O _____ Objected

Claim	Final	Original	Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
51			
52			
53			
54			
55			
56			
57			
58			
59			
60			
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
71			
72			
73			
74			
75			
76			
77			
78			
79			
80			
81			
82			
83			
84			
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100			

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)